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July 27, 2005

Signed: \_\_\_\_\_

*[Signature]*

**PATENT**

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re application of:

**See attached**

Application Nos.: See attached 102 pages

Filed: See attached

For: See attached

TRANSMITTAL LETTER FOR POWERS  
OF ATTORNEY AND CORRESPONDENCE  
ADDRESS INDICATION FORM

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

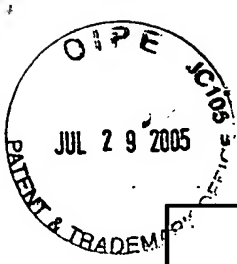
Please make the attached Powers of Attorney and Correspondence Address Indication Forms of record in the patent applications identified in each form. Statements under 37 C.F.R. 3.73(b) are of record in the appropriate cases. In addition, please change the correspondence address for the patent applications identified in each form to the address associated with customer number 54406. In case of question, please call the undersigned at (408) 701-0035.

Respectfully submitted,

*[Signature]*

Gary T. Aka  
Reg. No. 29,038

AKA CHAN LLP  
900 Lafayette Street, Suite 710  
Santa Clara, CA 95050  
(408) 701-0035  
Fax(408) 608-1599



*Lfw*

PTO/SB/81 (11-04)

<b>POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM</b>	Application Number	10/613.426
	Filing Date	7/3/2003
	First Named Inventor	Vikram Devdas
	Title	
	Art Unit	2662
	Examiner Name	Tsegaye, Saba
	Attorney Docket Number	CISCP816

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☒ Practitioners associated with the Customer Number: 54406

OR

☐ Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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Country				
Telephone		Fax		

I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.  
*Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).*

<b>SIGNATURE of Applicant or Assignee of Record</b>			
Signature		Date	July <u>12</u> , 2005
Name	Robert Barr	Telephone	(408) 526-4000
Title and Company	Vice President, Intellectual Property		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☐ \*Total of \_\_\_\_\_ forms are submitted.